UNITED STATES SECURITIES AND EXCHANGE COMMISSION

# Washington, D.C. 20549



### FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

1 10	•	
OMB	APPRO	OVAL
OMB Num	oer:	3235-0076
Expires: Estimated	April	30,2008
Estimated	averag	e burden

SEC USE ONLY

DATE RECEIVED

141970

OMB APPROVAL						
OMB Number: 3235-007						
Expires:	April	30,200	8			
Expires: April 30,2008 Estimated average burden						
hours per response16.00						

UNIFORM LIMITED OFFERING EXEMI	ALL MAIL
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Series A-1 Preferred Stock Offering	AECENES OF
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE ZOON
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	86 CTION
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Mogreet, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
555 Rose Avenue, Studio G, Venice, CA 90291	310.560.3850
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Production of content for mobile devices	PROCESSED
Type of Business Organization  Corporation  Itimited partnership, already formed  business trust  Itimited partnership, to be formed	olease specify): Up 2000
Month Year  Actual or Estimated Date of Incorporation or Organization: 01 017 Actual Estin  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State  CN for Canada; FN for other foreign jurisdiction)	THOMSON FINANCIAL

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

,		A. BASIC	CIDENTII	ICATION DATA				
2. Enter the information r	equested for the fol	lowing:						
Each promoter of	the issuer, if the iss	suer has been organiz	zed within t	the past five years;				
					of, 109	% or more o	f a clas	s of equity securities of the issuer.
		f corporate issuers ar						
		f partnership issuers		•		•	-	•
- Eden general and	and aging parties o	- parameters						<u> </u>
Check Box(es) that Apply:	Promoter	■ Beneficial Ow	vner 🗸	Executive Officer	<b>✓</b>	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)		==					· · · ·
Citron, James								
Business or Residence Addr 555 Rose Avenue, Stud	•	Street, City, State, Z 90291	Cip Code)		-			
Check Box(es) that Apply:	Promoter	Beneficial Ov	vner 🔽	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)			·- · · · ·				·
Schifman, Norman								
Business or Residence Addr	ess (Number and	Street, City, State, 2	Zip Code)					
555 Rose Avenue, Studio	•	_	•					
Check Box(es) that Apply:	Promoter	Beneficial Ov	wner [	Executive Officer	<b>\( \big </b>	Director		General and/or Managing Partner
Full Name (Last name first, Cremin, David	if individual)							
Business or Residence Addi	ess (Number and	Street, City, State, 2	Zip Code)					
555 Rose Avenue, Studi	o G, Venice, CA	90291						
Check Box(es) that Apply:	Promoter	Beneficial Ov	wner	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)							
Business or Residence Add	ress (Number and	Street, City, State, 2	Zip Code)					
Check Box(es) that Apply:	Promoter	Beneficial O	wner 📋	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)							
Business or Residence Add	ress (Number and	Street, City, State, 2	Zip Code)					
Check Box(es) that Apply:	Promoter	Beneficial O	wner	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)							
Business or Residence Add	ress (Number and	Street, City, State,	Zip Code)					
Check Box(es) that Apply:	Promoter	Beneficial O	wner _	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first	, if individual)				-			
Business or Residence Add	ress (Number and	d Street, City, State,	Zip Code)					
	(Use bl	ank sheet, or copy ar	nd use addi	tional copies of this	sheet,	as necessar	y)	

		<u> </u>	•		B. IN	FORMATI	ON ABOU	r offeri	٧G				
1.	Has the	issuer sold	, or does th			I, to non-ac						Yes	No <b>E</b>
2.	What is	the minim	um investm	ent that w	ill be acce	oted from a	ny individ	ual?				\$N	<u>/A</u>
3.			oermit joint									Yes <b>⋉</b>	No □
4.	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											;	
Full	Name (I	ast name	first, if indi	vidual)									
Bus	iness or	Residence	Address (N	umber and	l Street, Ci	ty, State, Z	ip Code)						
Nan	ne of Ass	sociated Br	oker or Dea	aler					<u>.</u>				
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
	(Check	"All States	" or check	individual	States)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••	••••••		•••••	☐ Al	1 States
	AL IL MT RI	IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full	l Name (	Last name	first, if indi	ividual)									· ·
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)				<del></del>		···
Nan	ne of Ass	sociated Br	oker or De	aler			<del></del>			<del></del>			
Stat			Listed Has						_				
	(Check	"All States	or check	individual	States)	****************				•••••	••••••	☐ A	1 States
	AL IL MT RI	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Full	l Name (	Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						•••
Nar	ne of As	sociated Bi	roker or De	aler									
Stat	tes in Wi	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	<u></u>				<del></del>	
	(Check	"All State:	s" or check	individua	l States)					••••	•••••••	A	II States
	AL IL MT	AK IN NE	AZ IA NV	AR KS NH	CA KY NJ	CO LA NM	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	§	\$
	Equity	1,117,500.00	\$ 1,117,500.00
	☐ Common ☑ Preferred		
	Convertible Securities (including warrants)	\$	
	Partnership Interests		
	Other (Specify)	S	\$
	Total	\$	<u>\$ 1,117,500.00</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	13	\$ <u>1,117,500.00</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	<b>Z</b>	\$_10,000.00
	Accounting Fees		\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)		\$
	Total		s 10,000.00

	. C. OFFERING PRICE, NI	JMBER OF INVESTORS, EXPENSES AND USE OF I	ROCEEDS	
	and total expenses furnished in response to Part C	ffering price given in response to Part C — Question 1 — Question 4.a. This difference is the "adjusted gross		\$1,107,500.00
5.	each of the purposes shown. If the amount for	proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and all of the payments listed must equal the adjusted gross Part C — Question 4.b above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$	s
	Purchase of real estate			\$
	Purchase, rental or leasing and installation of and equipment	machinery	s	. 🗆 \$
	Construction or leasing of plant buildings and	facilities	□ \$	s
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	value of securities involved in this assets or securities of another	<b>\$</b>	
	•		<del></del>	
	Working capital		 \$	\$_1,107,500.0
				\$
•			s	_ 🗆 \$
	Column Totals		\$_0.00	\$1,107,500.0
	Total Payments Listed (column totals added) .		,107,500.00	
Г		D. FEDERAL SIGNATURE	-	
sig	nature constitutes an undertaking by the issuer to	the undersigned duly authorized person. If this notice furnish to the U.S. Securities and Exchange Commi- accredited investor pursuant to paragraph (b)(2) of	ssion, upon writt	ule 505, the following en request of its staff,
Iss	uer (Print or Type)	Signature	Date	
М	ogreet, Inc.	mi	9/24/	O+
	me of Signer (Print or Type) nes Citron	Title of Signer (Print or Type) President		

- ATTENTION -

,	,	E. STATE SIGNATURE								
1.		230.262 presently subject to any of the disc								
		See Appendix, Column 5, for state r	esponse.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by t issuer to offerees.									
4.	limited Offering Exemption (ULC		ons that must be satisfied to be entitled to the Unifor nd understands that the issuer claiming the availabiling een satisfied.							
	uer has read this notification and kno thorized person.	ows the contents to be true and has duly caused	this notice to be signed on its behalf by the undersigned							
Issuer (	(Print or Type)	Signature .	Date							
Mogree	et, Inc.	tun	9/24/07							
Name (	Print or Type)	Title (Print or Type)								
James	Citron	President	President							

President

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

### 4 1 2 3 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sell explanation of offering price Type of investor and to non-accredited waiver granted) amount purchased in State offered in state investors in State (Part C-Item 2) (Part E-Item 1) (Part C-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Investors Yes No Investors Amount Amount State Yes No ΑL ΑK ΑZ AR × CA Series A-1 12 \$1,067,500. \$0.00 X Preferred Stock CO CT,»DE DC FL GA Н ID IL IN IA KS KY LA ME MD MA \$50,000.00 \$0.00 X Series A-1 MI MN MS

APPENDIX

### APPENDIX 4 2 3 1 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell explanation of Type of investor and to non-accredited offering price amount purchased in State waiver granted) offered in state investors in State (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Non-Accredited Accredited Investors Yes No No Investors Amount Amount State Yes MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VAWA wv WI

	APPENDIX										
1		2	3			5 Disqualification					
	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ate ULOE , attach ation of granted) -Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY											
PR											

